

UNITED STATES DISTRICT COURT  
Southern District of New York

Latee Robinson #06A1498, pro-se, plaintiff

- against -

16-cv-351

correctional officers John Doe - Jane Doe, Sergeant John Doe, Sergeant Edward, Superintendent Michael Sheahan, Inmate Grievance Program Supervisors Ms. H. Martin, Ms. S. King, medical doctor Welsey Canfield, medical physician assistant Ben Oakes, medical physician assistant John Doe, medical register nurses Jane Doe - John Doe, Anthony J. Annucci, acting commissioner, psychiatrist Doctor Jose Gonzalez, unit chief Dolly, clinician Lmsw-2 John Doe, dermatologist Jane Doe, John Doe, medical doctors <sup>John Doe</sup> each is sued in his/her persons, individuals, officials capacities Defendants

AMENDED civil complaint

under the civil rights Act, 42 U.S.C. 1983

civil action case No. 1:16-cv-003516-FPG

Jury trial by Jury requested demand by Latee Robinson #06A1498, pro-se, plaintiff in the above-captioned civil rights action case allege as Follow:

Jurisdiction

1. This is a civil rights case action seeking relief and/or demand for compensation conditions injuries/damages past present and future to defend and protect the rights guaranteed by the State's ~~and~~ and ~~any~~ Federal constitution of the United States. This court has jurisdiction over this action pursuant to 28 U.S.C. 1331, 1343 (1) and (4) and 2201, ~~over~~ presiding over defendants correctional officers John Doe - Jane Doe, Sergeants John Doe, Sergeant Edward,

Superintendent Michael Sheahan, Inmate Grievance Program Supervisor's Ms. H. Martin, Ms. S. King, Medical doctor Welsey Canfield, Medical physician assistant Ben Oakes, medical physician assistant John Doe, medical register nurses Jane Doe - John Doe et al Southport C.F. in collaboration with Anthony J. Annucci acting Commissioner central office N.Y.S. D.O.C.C.S., Albany, NY 12226, in collaboration with ~~analyst~~ psychiatrist Doctor Jose Gonzalez, C.M.Y.P.C., P.O. Box 300 Marcy, NY 14303, in collaboration with unit chief Dolly, Clinician LMSW-2 Jane Doe, C.M.Y.P.C., mental health unit at Southport C.F., in collaboration with dermatologist John Doe at ~~Welsey~~ Walsh Rmu Mohawk C.F. in collaboration with medical doctors John Doe, dermatologist John Doe, Jane Doe at Arnot Ogden Medical Center hospital 600 Roa Ave Elmira, NY 14905, in collaboration with medical doctors John Does, dermatologist Jane Doe at SUNY Upstate medical university hospital, 750 East Adam Street Syracuse, NY 13210.

### Parties

2. Latee Robinson #06A1498, pro-se, plaintiff address at:  
Southport Correctional Facility P.O. Box Pine City, NY 14871
3. A. Defendants: John Doe - Jane Doe  
Official position: Correctional officers  
address: Southport Correctional ~~Facility~~ Facility P.O. Box 2000  
Pine City, NY 14871
- B. Defendants: John Doe  
Official position: Sergeants  
address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

C. Defendant: ~~George~~ Edward

Official position: Sergeant

address: Southport Correctional Facility, P.O. Box 2000  
Pine City, NY 14871

D. Defendant: Michael Sheahan

Official position: Superintendent

address: Southport Correctional Facility P.O. Box  
2000 Pine City, NY 14871

E. Defendant: H. Martin

Official position: Inmate Grievance Program Supervisor

address: Southport Correctional Facility P.O. Box  
2000 Pine City, NY 14871.

F. Defendant: S. King

Official position: Inmate Grievance Program Supervisor

address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

G. Defendant: Welsey Canfield

Official position: Medical doctor

address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

H. Defendant: Ben Oakes

Official position: Medical Physician assistant

address: Southport Correctional Facility P.O. Box 2000  
Pine City, NY 14871

I. Defendant: John Doe

Official position: Medical Physician assistant

address: Southport Correctional Facility P.O. Box  
2000 Pine City, NY 14871



J. Defendants: Jane Doe - John Doe  
Official position: Medical Register Nurses  
address: Southport Correctional Facility p.o. Box 2000  
Pine City, NY 14871.

K. Defendants: Anthony J. Annucci  
Official position: acting commissioner  
address: ~~Southport Correctional Facility~~ New York State  
Department of Corrections and Community Supervision  
The Harriman State Office Campus, 1220 Washington Ave  
Albany, NY 12226.

L. Defendant: ~~psychiatrist Doctor~~ Jose Gonzalez  
Official position: psychiatrist Doctor  
address: Central New York Psychiatric Center, p.o.  
Box 300 Marcy, NY 14303

M. Defendant: Dolly  
Official position: unit chief  
address: Central New York Psychiatric Center mental  
health unit at Southport Correctional Facility 236 Bob  
Masia Drive p.o. Box 2000 Pine City, NY 14871

N. Defendant: Jane Doe  
Official position: clinician LMSW-2  
address: Central New York Psychiatric Center mental  
health unit at Southport Correctional Facility 236  
Bob Masia Drive p.o. Box 2000 Pine City, NY 14871

O. Defendant: Jane Doe - John Doe  
Official position: dermatologist  
address: Arnot Ogden Medical Center 600 Roa Ave Elmira  
NY 14905

P. Defendants: John Doe  
 official position: medical doctors  
 address: arnot ogden medical center 600 Roa Ave Elmira  
 , NY 14905

Q. Defendants: John Doe  
 official position: medical dootors  
 address: suny upstate medical university hospital 750  
 East Adams Street Syracuse, NY 13210

R. Defendant: Jane Doe  
 official position: dermatologist  
 address: suny upstate medical university hospital 750  
 East adams Street Syracuse, NY 13210

S. Defendant: John Doe  
 official position: dermatologist  
 address: Walsh Rmu Mohawk Correctional Facility 6514  
 Route 26, Rome, NY 13440.

4. Place of present confinement  
 a. is there a prisoner grievance procedure at this Facility?  
 yes

b. IF your answer to 4.a is yes, did you present the Facts  
 relating to my complaint in this grievance program?

IF your answer to 4b is yes,

(i) What step did you take? From october 2015 to December 2015  
 I was unable to write with my hands in extreme pain I request  
 assistant to assist me document Inmate Grievance complaints  
 denied by I.G.P.S. ms. H. martin making round B-11-gallery while I  
 housed B-11-2ocell and From January 2016 to march 2016 I was  
 unable to write with my hands in extreme pain I request  
 assistant to assist me document Inmate Grievance  
 Complaints denied by I.G.P.S. ms. S. King making round C-10-gallery  
 while I housed C-10-12cell. Sometime in march 10-2016 I was  
 able to write with my hands in pain but not in extreme pains

I written late Inmate Grievance complaints.

(ii) What was the Final Result of my grievance? Grievance No, SPT-61960-16 title of Grievance omH medication issue Superintendents response I return timely to Inmate Grievance program I been denied response of IGRC decision, I been denied timely appeal to central office review Committee by Inmate Grievance program and replaced my Superintendents response for redacted Superintendents Signature and area my grievant signature date blank in conspiracy retaliation against me. The following denied for central office Review Committee:

Grievance No, SPT-62824-16 title of grievance omH wants bipolar medication,

Grievance No, SPT-62833-16 title of grievance wants IGPs to assist mHA referral,

Grievance No, SPT-62815-16 title of grievance omH issue copy progress notes,

The Following appeals appealing to response of IGRC, Superintendents response and central office Review Committee!

Grievance No, SPT-62748-16 unable to read title of grievance

Grievance No, SPT-62748-16 title of grievance proble with penis

Grievance No, SPT-62747-16 title of grievance wants refills

Grievance No, SPT-62675-16 unable to read title of grievance

Grievance No, SPT-62800-16 title of grievance permit for metal detector

Grievance No, SPT-62826-16 title of grievance Appeal not processed

Grievance No, SPT-62825-16 title of grievance wants issue documented

Grievance No, SPT-62432-16 title of grievance Itchy

Grievance No, SPT-62741-16 title of grievance Improper investigation

Grievance No, SPT-62738-16 title of grievance put up mail while grievant sleeps

Grievance No, SPT-62737-16 title of grievance not receiving disbursement receipts

Grievance No, SPT-62624-16 title of grievance Disagree with grievance investigation

Grievance No, SPT-62611-16 title of grievance Disagrees with current medical care



Grievance No. Spt-62467-16 I am unable to read title of Grievance

Grievance No. Spt-62433-16 title of Grievance No help From IGps

Grievance No. Spt-62618-16 title of Grievance wants interview for Grievance Filed.

Grievance No. Spt-62274-16 title of Grievance wants to file A Late Grievance

Grievance No. Spt-62367-16 title of Grievance Legal mail not Processed properly

Grievance No. Spt-62266-16 title of Grievance Failure to Follow Request

Grievance No. Spt-62570-16 title of Grievance Legal mail Lost

Grievance No. Spt-62500-16 title of Grievance Legal mail taken

Grievance No. Spt-62527-16 title of Grievance legal mail opened

Grievance No. Spt-62590-16 title of Grievance missing legal mail

Grievance No. Spt-62515-16 title of Grievance claims side effects

Grievance No. Spt-62838-16 <sup>I am</sup> ~~title~~ unable to read title of Grievance

## 5. Previous Lawsuits

a. Have I Filed other Lawsuit in State or Federal court relating to my imprisonment? yes.

b. If my answer to 5a is yes I must describe any and all lawsuits, currently pending or closed in the space below:

I can't explain the detail to closed court of claims in the State of New York clerk office have the record.

I have currently pending claim No. 127841, claim No. 127842-A,

I can't explain the detail currently pending supreme court oneida county civil action case Number None, CA2016-001098, RTI index No. Judge Clark,

I can't explain the detail closed civil complaints with United States district court Southern, Northern, and western district ~~of~~ New York clerk office have the record.

I can't explain the detail closed civil complaint with United States district court Southern district of New York.

### Facts

Note: ~~you~~ I must include allegations of wrongful conduct as to each and every defendants in my civil complaint.

1. I, discovered claim occurred on date 3-10-16 by dermatologist John Doe at Walsh Rmu Mohawk C.F. The dermatologist undocumented to explaining psychiatric medication Tegretol to cause the negative side effect condition unable to write with my hand, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, rash all over my face and body everywhere, itchingness all over my face and body everywhere, lost color of my skin face and body everywhere, lost of taste with my tongue, lost of smell with my nose, lost of stimulation unable to get hard on with my genital penis, lost of my memory events, sores in my mouth on my lips, on my tongue on my back on my genital penis, pains in my hands, back, neck, chest, migraine, on my skin to burns with my face and body everywhere by state issue soaps, commissary buy soaps, lotions, deodorants, shampoos, hospitals soapy washcloth, deodorants, Shampoos and soaps, taking bath in sink water, showers, bunk bed off/on thoughts feelings to commit suicidal and negative side



effects to psychiatric medication name tegretol attempt to cause me a fatal death.

The dermatologist John Doe undocumented reason why to discontinued psychiatric medication name tegretol adequate treatment for my angry bipolar and denied to prescribe substitute psychiatric medication adequate treatment for my angry bipolar

The dermatologist John Doe undocumented reason why to prescribed medical medication name triderm ointment for my itchingness all over my face and body everywhere and the itchingness may never go away

The dermatologist John Doe Failure to prescribed medical medication adequate treatment for my skin burns by states issue soaps, commissary buy soaps, lotions, shampoos, deodorants, to my face and body everywhere taking and hospital soapy wash cloth, soaps, shampoos, deodorants to my face and body everywhere taking bird bath in sink water, bucket water, and shower.

The dermatologist John Doe undocumented information to Steven Johnson Syndrome and documented diagnosis Steven Johnson Syndrome.

2, 10-19-15, I had an call out with clinician Lmsw-2 Jane Doe and television conference with psychiatrist Doctor Jose Gonzalez. Stated I should receive negative side effect to report to mental health staffs, or medical register nurses or security staffs and etc. psychiatrist Doctor Jose Gonzalez never explained what I to expect to watch out for negative side effect by psychiatric medication name tegretol adequate treatment for my angry bipolar. psychiatrist Doctor Jose Gonzalez discontinued psychiatric medication name Zyprexa adequate treatment for my angry bipolar from the year 2013 to 2015 discontinued with lies against me to I never stated psychiatric medication Zyprexa not working complete lies and I been to outpatient-inpatient mental

health treatment program in Society and psychiatrist Doctor Jose Gonzalez Familiar and aware how I been not receiving multi penlties disciplinary tier I, II, and III hearings From the year 2013 to 2015 to present because I was receiving psychiatric medication Zyprexa adequate treatment for my angry bipolar. I would been on psychiatric medication Zyprexa from the year 2006 to 2013 to present I would never receive multi penlties disciplinary tier I, II, and III hearing history should be expunged because From the year 2006 to 2013 to present I been denied psychiatric medication adequate treatment for my angry bipolar by mental health treatment team at C.N.Y.P.C. mental health unit at Green haven c.f., Upstate c.f., Great meadow c.f., Five points c.f., Elmira c.f., Southport c.f., Attica c.f., Auburn c.f., Clinton c.f. when ~~manhattan~~ central New York psychiatric center in collaboration with New York state department of correctional services, and New York state Department of corrections and community supervision while I am in the custody state inmate #06A1498, #99A2768, #97R0719 and criminal charges history to NYSSID #7758674-11.

3. In November 2015 my mental health record progress notes destroyed to document call out with me and psychiatrist Doctor Jose Gonzalez denied to change psychiatric medication tegaserodol for substitute another adequate treatment for my angry bipolar and psychiatrist Doctor Jose Gonzalez annoyed my complaint not feeling well I have a rash and itchingness all over my face and body everywhere, unable to write with my hand, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, sores in my mouth on my lips on my tongue on my back on my genital penis, extreme pains in my hands, back, chest, neck, migraine, and off/on thoughts feeling to commit suicidal and my complaint to security staffs, mental health staffs, medical register nurses will tell me to continue



to take psychiatric medication tegretol is psychiatrist Doctor Jose Gonzalez orders, but psychiatrist Doctor Jose Gonzalez increased psychiatric medication tegretol from 20mg to 80mg adequate treatment for my angry bipolar and on 12-7-15 and 12-14-15 progress notes by psychiatrist Doctor Jose Gonzalez lied against me, and on 12-14-15, psychiatrist Doctor Jose Gonzalez never seen me at in firming at Southport C.F. and between ~~December~~ 2015 to 7-15-16 psychiatrist Doctor Jose Gonzalez never documented reason why to discontinued psychiatric medication tegretol and unprescribed substitute psychiatric medication adequate treatment for my angry bipolar.

4. on 7-15-16 I receive call out with television conference with psychiatrist Doctor Jose Gonzalez to tell me I will no longer to be seen by Jose Gonzalez, to tell me to bring my complaints and request for psychiatric medication adequate treatment for my angry bipolar to my next call out with the new psychiatrist Doctor. so psychiatrist Doctor Jose Gonzalez doesn't care how I am still suffering and struggling to continue a positive behavior for over six months and not to commit suicidal.

5. In November 2015 my request for progress note call out at BBlock with me and clinician LMSW-2 Jane Doe denied to help assist me with my complaint of condition injuries damages of unable to write with my hands in extreme pains, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, rash and itchingness all over my face and body everywhere, sores in my mouth on my lips on my tongue on my back and off/on thoughts feeling to commit suicide I was denied medical-mental health service to be returned to B-11-20 cell and undocumented.

6. From October 2015 to December 2015 while I was housed B-11-20 cell and food handling correctional officers John Doe-Jane Doe would undocumented my complaints I am unable to drink and unable to eat and been starving.



6. From October 2015 to December 2015 while I was housed B-11-20cell I complained and I am unable to write with my hands in extreme pains, unable to see clearly, unable to sleep, unable to drink, unable to eat and starving, sores in my mouth on my lips on my tongue on my back, rash and itchingness all over my face and body everywhere, pains in my back, hands, chest, neck, migraine, and off on thoughts feeling to commit suicide to whom making rounds Inmate Grievance program Supervisor H. Martin, sergeants John Doe, unit chief Dolly with escorting correctional officers John Doe, medical register nurses Jane Doe - John Doe with escorting correctional officers Jane Doe - John Doe, and clinician LMSW-2 Jane Doe with escorting correctional officers John Doe - Jane Doe and to be undocumented I remain to B-11-20cell.

7. From January 2016 to March 2016 while I was housed C-10-12 cell I complained I am unable to see clearly unable to write with my hand in extreme pains, lost of taste with my tongue, lost of smell with my nose, lost of memory events, lost of stimulation unable to get a hard on with my genital penis, lost of my skin color, pains in my hands, back, chest, neck, and unable to eat normally and unable to control my negative behavior my angry bipolar to whom making rounds by Inmate Grievance program supervisor Dr. S. King to assist and undocumented.

8. On 7-21-16 I was seen by clinician LMSW-2 Ms. Gilmore with television conference new psychiatrist Doctor John Doe to reschedule because they didn't have my chart and asked me will I be okay to the next call out and my response was yes I be okay I try my best to be okay.

9. In November 2015 or December 2015 while I was housed B-11-20cell Sergeant Edward making rounds stop when I verbally complained my condition injuries and damages Sergeant Edward response was you think I forgot what you done to me in the past throwing shit on me ha ha oh the Superintendent Michael Sheahan knows he on

mine team not your team and Sergeant Edward walked away from me at B-11-20cell

10. between F.O. I.L. Office Southport C.F. and Anthony J. Annucci acting commissioner central office Albany, NY 12226 my request to be provided B-block log book from October 2015 to December 2015 for B-11-gallery exact dates, assign duty, making rounds and the names of clinician Lmsw-2 Jane Doe, unit chief Dolly, escorting correctional officers John Doe - Jane Doe, medical register nurses Jane Doe - John Doe, sergeants John Doe, Sergeant Edward, correctional officers John Doe - Jane Doe food handler, correctional officers John Doe - Jane Doe, Superintendent Michael Sheahan, IGPS H. Martin, denied for review, and sick call slips

11. medical records dept Southport C.F. denied my request to review sick call slips from October 2015 to December 2015 by receiving no call out.

12. on 7-15-16 correspondence by meaghan Bernstein, MA risk management specialist, C.N.Y.P.C. P.O. Box 300 Mary, NY 13403 receive false information of lies against me reviewing mental health chart with OMH staff at C.N.Y.P.C. mental health unit Southport C.F.

13. while the records reflects from the year 2013 to 2015 being prescribed psychiatric medication name Zyprexa adequate treatment for my angry bipolar I receive no multi penalties disciplinary hearings so I was incompetent to multi penalties guilty to disciplinary hearings ~~and~~ under state inmate numbers #06A1498, #99A2768 and #97R0719 and criminal convictions under NYSID #7758674-H. to be dismissed or and expungment, by Anthony J. Annucci acting commissioner and the courts

14. The records reflect by IGPS. Mrs. King warning documented my negative behavior since I been discontinued psychiatric medications Zyprexa, and tegretol both adequate treatment for my angry bipolar everyday every nights I am struggling and suffering to continue a positive behavior without psychiatric medication adequate treatment for my angry bipolar.



15. ~~I~~ denied team work by medical treatment team John Doe - Jane Doe, and mental health treatment team John Doe - Jane Doe would ~~not~~ work together ~~it would not~~ now I have the Steven Johnson Syndrome lost Stimulation unable to get a hard on with my genital penis, lost of taste with my tongue, lost of smell with my nose, lost of my original skin color, lost of my memory events, unable to sleep normally, unable to eat normally, unable to see clearly because of defendants.

16. From 12-14-15 to 12-15-15, medical register nurses Jane Doe, medical Doctor Welsey Canfield, medical physician assistant Ben Oakes, medical physician assistant John Doe denied to document all <sup>my</sup> injuries damages condition

17. From 12-15-15 to 12-18-15 medical doctors John Doe and dermatologist at arnot ogden medical center 600 Roe Ave Elmira, NY 14905 undocumented all my injuries damages condition and discontinued psychiatric medication tegretol

18. From 12-18-15 to 12-23-15 medical doctors John Doe and dermatologist Jane Doe at SUNY upstate Medical University hospital 750 East Adams Street Syracuse, NY 13210 undocumented all my injuries damages condition and discontinued psychiatric medication tegretol

19. From 12-23-15 to 12-28-15 medical physician assistant John Doe, medical Doctor Welsey Canfield undocumented discontinued psychiatric medication tegretol and undocumented to prescribe reason why medical medication Flexeril treatment for cramps, tight muscle and Sleep pm and Eucern cream treatment for rash and itchingness all over my face and body everywhere and Relafen treatment for pains and undocumented my injuries damages condition lost Stimulation unable to get hard on with my genital penis, lost of taste with my tongue, lost of smell with my nose, unable to sleep normally,



unable to eat normally, unable to see clearly, lost of my original skin color, lost of my memory events, itchingness all over my face and body everywhere, an skin burns to soaps, deodorants, shampoos, and lotion and angry bipolar.

20, on 4-28-16 medical physician assistant Ben Oakes prescribed medical medication Indocin for pains and prescribed medical medication tavit for restoring taste and smell reasons undocumented and undocumented my injuries damages condition lost of stimulation unable to get hard on ~~my~~ my genital penis, lost of taste with my tongue, lost of smell with my nose, unable to sleep normally, unable to eat normally, unable to see clearly, lost of my original skin color, lost of my memory events, itchingness all over my face and body everywhere, skin burns to soaps, deodorants, shampoos, lotions, and my angry bipolar.

21, I request mental health to provide me information for exacts dates Lmsw-2 names call out in November 2015 and recording television conference video ~~and~~ audio tapes 10-19-15 and November 2015 with psychiatrist Doctor Jose Gonzalez denied.

7. Causes of action  
Note: you must clearly state each cause of action I assert in my Civil Lawsuit

First cause of action  
defendants denied equal protection, Failure to protect, cruel unusual punishment, medical malpractice, psychiatric malpractice, negligent, negligence, deliberate indifferent, intentional conspiracy retaliation, denied patient bills of rights, and denied incompetence disciplinary penalties tier I, II, and III hearings, and criminal conviction history

### Second cause of action

defendants and claimant pro-se have no constitutional rights to starve and suffer in pains and Fatal death attempt by psychiatric medication and Steven Johnson Syndrome and angry bipolar negative behavior to myself and others,

### third cause of action

Jury trial by Jury request

### Fourth cause of action

I, Latee Robinson #06A1498 claimant, pro-se wants to be awarded demand in the amount \$125,000,000.00 dollars For nominal damages injuries patient bills of rights have been Violated by defendants Judgment to be unfavorable,

### Fifth cause of action

I, Latee Robinson #06A1498 claimant, pro-se wants to be awarded demand in the amount \$125,000,000.00 dollars For punitive damages injuries Steven Johnson Syndrome, starving, extreme pains, suicidal, and negative behavior angry bipolar ~~unpunish~~ and cruel unusual punishment to punish defendants to hurt on purpose For Judgment unfavorable,

### Sixth cause of action

I, Latee Robinson #06A1498 claimant, pro-se wants to be awarded demand in the amount \$125,000,000.00 dollars For compensatory damages injuries by defendants Judgment unfavorable For physical, mentally and emotional harm ~~caused~~ caused,

### 8. Prayer for relief

Wherefore plaintiff, pro-se, Latee Robinson #06A1498 request this court to grant the following relief: To be awarded demand in the amounts \$125,000,000,00 dollars For compensatory, punitive, and nominal damages injuries past present and Futurely Judgment against defendants unfavorabled.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 7-24-16

Latee Robinson  
Latee, Robinson  
#06A1498, pro-se  
claimant  
Southport Correctional  
Facility P.O. Box 2000  
Pine City, NY 14871



exhibits



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

May 18, 2016

Latee Robinson  
06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, NY 14871-2000

Acting Commissioner Annucci has asked me to respond to your letter requesting your medical documents.

Nurse Administrator Vonhagn said that he only received a written request from you for your OMH medication information. He advised you to request this from the Office of Mental Health. The OMH Unit Chief Dolley said this has been addressed with you, as well as your concerns about your medication side effects. I encourage you to continue to work with your treatment team and alert them if you have any further side effects.

Nurse Administrator Vonhagn also said that he never received a written request from you for your medical information or information about your trip to the outside hospital. You must submit a request to him in writing for the specific information you would like.

Your letter was also forwarded to Central New York Psychiatric Center Risk Management Office to investigate the concerns you expressed.

Sincerely,

A handwritten signature in black ink, appearing to read "Bryan Hilton".

Bryan Hilton  
Assistant Commissioner

Cc: Michael Sheahan, Superintendent – Southport Correctional Facility



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

May 18, 2016

Latee Robinson  
06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, NY 14871-2000

Acting Commissioner Annucci has asked me to respond to your letter regarding your request for information on a specific staff member so that you may file a formal complaint regarding medications.

It has been reported to me that several months ago you were taken off the medication in question (Tegretol), because it resulted in a negative allergic reaction.

I encourage you to positively cooperate with staff from both the Office of Mental Health and Department of Corrections and Community Supervision at your current facility so that you may reach your agreed upon goals.

Sincerely,

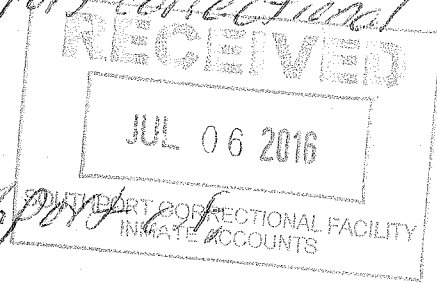
A handwritten signature in black ink, appearing to read "Bryan Hilton".

Bryan Hilton  
Assistant Commissioner

Cc: Michael Sheahan, Superintendent – Southport Correctional Facility



7-5-16  
 Latee Robinson #06A1498, C-10-12 cell Southport Correctional Facility



TO: Inmate accounts Business Office Southport Ct.

your office receive on 7-5-16 disbursement amount \$400.00 dollars and disbursement amount For Filing Fees \$350.00, \$50.00 dollars and disbursement amount \$47. For postage service legal mail attached to signature envelope addressed to clerk office U.S. district court western district of New York because mail box cart correctional officer never place outgoing envelope attached two disbursement inside mail box regarding above so I am writing this letter follow up to follow-up on my outgoing mail legal mail above



# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

TO: *Robinson 0601498*  
FROM: Inmate Accounts  
DATE: *7/6/16*  
RE: In Response to Letter

\*\*\*\*\*

Per Directive 2798: Interest earned on reserve funds deposited in an interest bearing account or other interest bearing medium shall be paid to those inmates who have an average balance in their accounts of \$100 or more for a given quarter. This interest will be paid on the amount in excess of \$100. Interest will be posted quarterly to the inmate's account for quarters ending March 31, June 30, September 30 and December 31.

Your "Informa Pauperis" letter must be signed and dated by you before it can be processed by Inmate Accounts.

You must submit this "Informa Pauperis" to the Law Library for copies if you need more than one copy. Inmate accounts is not required to fill out the forms in duplicate.

Advances are collected at a rate of 100% of all receipts.

Checks cannot be stop paid for 60 days from date written.

Your spendable balance as of the above date is \_\_\_\_\_

Attached is a current status and/or transaction print out of your account.

Your requested copy is attached.

Your receipt for \$ \_\_\_\_\_ was processed on \_\_\_\_\_

Inmate Accounts sends all processed pink copies of disbursements to Correspondence daily.

Your disbursement for \_\_\_\_\_ was processed on \_\_\_\_\_

Attached: \_\_\_\_\_

Your transfer funds were processed on \_\_\_\_\_ for \$ \_\_\_\_\_

The Transfer Fund amount on your pink transfer slip includes encumbered funds that are not spendable.

Direct your payroll concerns to "Guidance Unit – Attn: Inmate Payroll".

Inmates requesting copies must submit a FOIL request along with a disbursement for \$.25 a copy to Inmate Records.

Your transfer funds have not been received from your previous facility. Transfer funds are not electronically transferred, and can take up to two weeks to arrive.

Per directive 2798: inmate disbursements can take up to 10 business days from date received at the Business Office, to be processed.

Per directive 2798: inmate money home disbursements in excess of \$100.00 will require the written approval of the Superintendent (or designee) before Inmate Accounts can process them.

Per Directive 2798: Disbursements in excess of \$ 100.00 requiring the Superintendents approval must also include the purpose of the Disbursement and the relationship of the payee to the inmate. IE: Wife, Mother, Father, Sister, Ect.

**file name: inmate letters**




## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

To: Robinson, Latee                      06a1498      C-10-12  
From: A. Lowe, DSP  
Re: Disbursements  
Date: July 15, 2016

My office was advised by the business office that they never received your \$400.00 disbursement that you brought up in your 7/12/16 letter to my office. It also stated that it received your \$210.00 disbursement and processed it on 7/13/16. All processed pink copies of disbursement are sent to correspondence daily.

  
A. Lowe

Deputy Superintendent for  
Program Services

cc: File



FORM 3105A (7/11)

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
AMBULATORY HEALTH RECORD PROGRESS NOTE

Name	Robinson L	DIN	06 A1498	Date of Birth	09-23-78	Facility Name	630
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Subjective: Requesting refills of.  
 Prilosec, Lipitor, Norwac,  
 Vasotec, HCTZ & Lactaid.

Last Name Robinson

DIN 06A1498 Location B11-20

Date 12.13.15 Time AMSC

Provider Orders:

Objective: All above active & refillable.  
 Assessment: Appears compliant c/meds.  
 BP fairly well controlled.  
 Plan: offers no c/o's.

) refills submitted

Signature/Provider # Chappin 210 RN Transcribing Order/Provider #/Date/Time

Subjective: Requesting to see MD for sore  
 throat & rash.

Last Name Robinson

DIN 06A1498 Location B-11-21

Date 12/14/15 Time AMSC

Provider Orders:

Objective: C/o sore throat & rash x 2 wks.  
 Stated feels like it's hard to breathe &  
 difficult to swallow like his throat is  
 Assessment: Swollen. has a raised rash over entire  
 body. Lips are swollen, appears to have  
 Plan: difficult time swallowing meats denies any new  
 foods denies allergies. TO MD/PA to Advise  
 ? call out soon.

Signature/Provider # A. Grant RW RN Transcribing Order/Provider #/Date/Time

Subjective: Rash over torso, arms, legs. Tongue & lips feel swollen.  
 Lips burn x 2 wks. threw meds, soaps, lotions.  
 Has taken Vasotec for years. Skin very itchy. Notes  
 scattered pustules. C/o H. ST. cough for 6 wks.  
 MVA, CP, SOB, abd pain, hcty, SES, numbness, tingling.

Last Name Robinson

DIN 06A1498 Location

Date 12/14/15 Time

Provider Orders:

Objective: DL & box 3. NAD.  
 Wt 221 BP 128/90 P 128  
 Assessment: HENT. TM's clear. Tongue bright red w/ white coating.  
 Lips swollen & red. Throat w/ small red papules.  
 Neck supple & tender. thy

Plan: HCTA. Noisy & crackly  
 Skin - diffuse red, black papules over entire torso,  
 arms & legs. Slight pitting on forehead. Sore throat  
 texture to skin.  
 Neuro CMT II - still. Gait steady & DSH. NAD.  
 A Dermatitis - ? Scarlet Fever

Signature/Provider # 28 RN Transcribing Order/Provider #/Date/Time

2/25/16 8:34:07  
HSC4781NYS DEPARTMENT OF CORRECTIONAL SERVICES  
HEALTH SERVICES SYSTEM  
REQUEST AND REPORT OF CONSULTATION

PAGE 1

POSTED  
3.11

NAME: ROBINSON, LATEE

DIN: 06A1498 DOB: 04/23/1978

CURRENT FAC: SOUTHPORT

REFERRING FAC : SOUTHPORT

REFERRAL NUMBER: 15540604.01M

REFERRAL DATE : 12/23/15 02:52P TELEMED: N&lt;N&gt;

REFERRAL TYPE : INITIAL

TYPE OF SERVICE: DERMATOLOGY

REFERRAL STATUS: SCHEDULED

URGENCY OF CARE: ROUTINE

INTERPRETER:

MEDICAL HOLD: NO TYPE: REASON CODE:

EXP. DATE:

TRANSPORTATION : N WHEELCHAIR N NURSE N

AMBULANCE N LITTER N HCA

SENSORIAL IMPAIRMENT:

REFERRED BY: BENJAMIN OAKES, PA

APPOINTMENT: 03/10/16 11:00A

REVIEWED BY: WESLEY CANFIELD, MD

POS: WALSH RMU

PROV: MIRANDA, ZANE-DER

REASON FOR CONSULTATION:

USER: 12/23/15 02:52P C630BA0

( PT BEING DISCHARGED FROM THE HOSPITAL TODAY WITH AN ADMISSION FOR ? STEVENS )

( -JOHNSON SYNDROME. RECOMMENDED FOR PT TO F/U WITH DERM. )

( )

( )

( )

( )

=====

ATTENTION: DO NOT INFORM INMATE OF FUTURE APPOINTMENT(S)

CONSULTANT REPORT:

S:

*no above  
Status-Johnson syndrome 2nd  
Tegretol.*

O:

*Resolved, residual pruritus*

A:

*S-J syndrome**① Triamcinolone ointment 0.1% 2  
Apply b.i.d. itchy areas. Discontinue 160g*

P:

*② Hydrocortisone lotion - Apply daily 2*


CONSULTANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

IF FOLLOW-UP/PROCEDURE RECOMMENDED - REQUESTED BY \_\_\_\_/\_\_\_\_/\_\_\_\_

\* CONSULTATION IS A RECOMMENDATION. FINAL DETERMINATION WILL BE MADE BY THE  
INMATE'S NYSDOCS PHYSICIAN.

=====

*W. Canfield*

 <b>NEW YORK STATE</b> <b>Corrections and Community Supervision</b>	GRIEVANCE NO. <b>SPT-61960-16</b>		DATE FILED <b>3/18/2016</b>	
	FACILITY <b>Southport Correctional Facility</b>		POLICY DESIGNATION	
	TITLE OF GRIEVANCE <b>OMH Medication Issue.</b>		CLASS CODE <b>-I- 50</b>	
	SUPERINTENDENT'S SIGNATURE <i>M. Sheahan Supt</i>		DATE <b>3/2/16</b>	
INMATE GRIEVANCE PROGRAM  SUPERINTENDENT		GRIEVANT <b>Robinson, Latee</b>		DIN <b>06-A-1498</b>
				HOUSING UNIT <b>C-10-12</b>

Cell Location at time of grievance: C-10-12

SUPERINTENDENT'S RESPONSE

The Office of Mental Health (OMH) is a separate entity, not under the jurisdiction of the Department of Corrections and Community Supervision (DOCCS). In accordance with Directive #4040, Section 701.3 (e) and (f) your complaint is being forwarded to the Unit Chief of the Office of Mental Health (OMH) for whatever remedial action is deemed appropriate. The Superintendent's response completes the IGP process and there is no further appeal available.

**ANSWERED MAR 22 2016****SENT****MAR 22 2016****SOUTHPORT GRIEVANCE**APPEAL STATEMENT

If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.C.S.

*Latee Robinson #06A1498*  
 Grievant's Signature



*3-25-16*

Grievance Clerk's Signature

Date

\*An exception to the time limit may be requested under Directive 4040, Section 701.6(e).



 <b>Corrections and Community Supervision</b>  <b>INMATE GRIEVANCE PROGRAM</b>  <b>SUPERINTENDENT</b>	GRIEVANCE NO. <b>SPT-61960-16</b>		DATE FILED <b>3/18/2016</b>	
	FACILITY <b>Southport Correctional Facility</b>		POLICY DESIGNATION	
	TITLE OF GRIEVANCE <b>OMH Medication Issue.</b>		CLASS <b>-I-</b>	CODE <b>50</b>
	SUPERINTENDENT'S SIGNATURE 		DATE <b>3/21/16</b>	
GRIEVANT <b>Robinson, Latee</b>		DIN <b>06-A-1498</b>	HOUSING UNIT <b>C-10-12</b>	

Cell Location at time of grievance: C-10-12

**SUPERINTENDENT'S RESPONSE****ANSWERED MAR 22**

The Office of Mental Health (OMH) is a separate entity, not under the jurisdiction of the Department of Corrections and Community Supervision (DOCCS). In accordance with Directive #4040, Section 701.3 (e) and (f) your complaint is being forwarded to the Unit Chief of the Office of Mental Health (OMH) for whatever remedial action is deemed appropriate. The Superintendent's response completes the IGP process and there is no further appeal available.

**SENT****MAR 22 2016****SOUTHPORT GRIEVANCE****APPEAL STATEMENT**

If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.O.R.C.

---



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---



---

 Grievant's Signature

---

 Date

---

 Grievance Clerk's Signature

---

 Date

\*An exception to the time limit may be requested under Directive 4040, Section 701.6(g).

Offender Grievance Complaint 22  
661960  
Southport Correctional Facility

Offender Latee, Robinson #06A/498, c-10-12 cell date 3-17-16 Description for problem on 3-10-16 medical doctor assistance request name identity examine grievant received information by medical doctor stated discontinued mental health medication in November 2015 was the cause me receiving the body rash, <sup>colic</sup> soarsness in mouth, genitals and body and pains in bodies the main reason of complaint mental health medical doctor failure to warn me and neglect to investigate to medication to cause danger to mine health and life, I want unable to eat and drink liquid.


Latee, Robinson #06A/498

Action requested by Latee, Robinson #06A/498 wants witness investigated with medical doctor at Walsh Mohawk C.F., outside hospital inpatient and mental health doctor were Southport C.F.

RECEIVED

MAR 18 2016

SOUTHPORT GRIEVANCE

 <b>Corrections and Community Supervision</b>  <b>INMATE GRIEVANCE PROGRAM</b>  <b>SUPERINTENDENT</b>	GRIEVANCE NO. <b>SPT-62611-16</b>		DATE FILED <b>6/16/2016</b>
	FACILITY <b>Southport Correctional Facility</b>		POLICY DESIGNATION
	TITLE OF GRIEVANCE <b>Disagrees With Current Medical Care.</b>		CLASS CODE <b>-I- 22</b>
	SUPERINTENDENT'S SIGNATURE <i>M. Sleada Spt</i>		DATE <b>7/5/16</b>
GRIEVANT <b>Robinson, Latee</b>		DIN <b>06-A-1498</b>	HOUSING UNIT <b>C-10-12</b>

Cell Location at time of grievance: C-10-12

**SUPERINTENDENT'S RESPONSE**

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted in part. Upon the completion of the investigation it has been determined that the grievant claims that he was given Tavit to restore what he claims is loss of his sense of smell and taste. The Nurse Administrator reviewed the grievant's medical record from the date of 12/14/15 to present. The medical record does not indicate that the grievant has ever complained of loss of taste or the ability to smell. This includes evaluations by 4 consulting doctors at the Arnot Ogden Medical Center and one dermatologist from Walsh RMU. There are no indications that the grievant claims are related to an episode of drug reaction that occurred on or around 12/14/15 to the drug called Tegretol. The grievant was seen by PA O... on 4/28/16 during the provider's call out. The grievant was evaluated for his complaints of pain and the provider stopped the medication Relafen. The provider started the medication Indocin 25mg 3 times a day that the grievant is presently ordered. The grievant has been continued on Flexeril 10mg at night as ordered by Dr. C... on 12/28/15. The grievant was seen by Dermatology on 3/10/16 and was ordered Kenalog cream and Eucerin cream for a resolving case of Steven Johnson Syndrome. The medication was last refilled on 6/20/16. The nursing staff has not reported any return of a rash that the grievant was treated for starting 12/14/15. The grievant requested a front cuff order on 6/1/16. The nurse noted good range of motion and the provider did not feel that a front cuff permit was indicated. The grievant claimed on 6/20/16 that the pain medications only relieved his complaints of pain minimally. The provider was made aware and did not feel that a change of medication was indicated at that time. The grievant is currently on the providers callout list for a routine follow up and will be seen in turn. The grievant is encouraged to discuss his medical concerns when seen by the provider.

**SENT****JUL 06 2016****APPEAL STATEMENT      SOUTHPORT GRIEVANCE**

If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.O.R.C.

*The medical doctors, medical physician assistants, medical register nurses and dermatology undocumented reason to discontinued psychiatric medication tegretol, order for medical medication Flexeril, Indocin, Eucerin cream, Kenalog cream, and unexplained about Steven Johnson Syndrome to the grievant and undocumented grievant conditions and their grievant other condition afraid to complain*  
*Latee Robinson #06A1498*  
**7-6-16**

Grievant's Signature

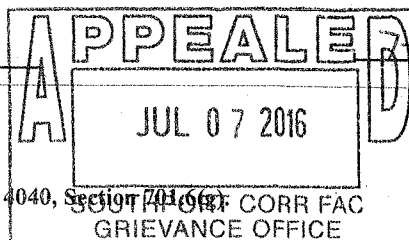
*Antonio Alatorre*

Grievance Clerk's Signature

Date

**7-16**

Date



\*An exception to the time limit may be requested under Directive 4040, Section 411.6(c).





## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

To: Robinson, L. 06A1498 C-10-12

From: S. King IGPS

Subject: Letter dated 7/10/16 & 7/13/16

Date: 07/15/16

I made rounds on 07/13/16, I announced myself on the gallery. As I approached your cell your blanket was up and you made no attempt to take it down to speak with me. I left a copy of grievance SPT-62467-16 IGRC decision. Also because of your continued rude remarks as I make rounds for the entire gallery to hear will stop. As for your other grievances see list below.

SPT-62776-16 Investigation of SPT-62611-16 was filed 7/11/16 per directive #4040 we have 16 days for regular grievance to investigate and respond.

SPT-62748-16 Problems with Penis filed 7/6/16 still pending investigation

SPT-62747-16 Wants Refills filed 7/6/16 still pending investigation

SPT-62741-16 Improper investigation was filed on 7/5/16 the answer was mailed out 7/12/16

SPT-62738-16 Put up Mail While Grievant Sleeps was filed 7/5/16 the answer was mailed to you on 7/12/16

SPT-62737-16 Not Receiving Disbursement Receipts was filed 7/5/16 answer sent out 7/14/16.


SPT-62675-16 Denied Address filed 6/27/16 is still pending investigation.

SPT-62624-16 Disagrees with Grievance Investigation filed on 6/20/16 answer sent to you 7/12/16

SPT-62611-16 Disagrees with Current Medical Care was filed on 6/16/16 and it was sent to CORC on 7/7/16.

Grievant receives one copy of first page of grievance as his receipt. Then he receives one copy at each level of the appeal process. Any additional copies he needs he can request from FOIL.

A handwritten signature in black ink that reads "S. King IGPS".  
S. King IGPS

 <b>NEW YORK STATE</b> <b>Corrections and Community Supervision</b> <b>INMATE GRIEVANCE PROGRAM</b> <b>SUPERINTENDENT</b>	GRIEVANCE NO.	DATE FILED
	SPT-62432-16	5/23/2016
	FACILITY	POLICY DESIGNATION
	Southport Correctional Facility	
	TITLE OF GRIEVANCE	CLASS CODE
	Itchy.	-I- 22
	SUPERINTENDENT'S SIGNATURE	DATE
	<i>M. Shalhoub</i>	6/16/16
GRIEVANT	DIN	HOUSING UNIT
Robinson, Latee	06-A-1498	C-10-12

Cell Location at time of grievance: C-10-12

**SUPERINTENDENT'S RESPONSE**

Upon full hearing of the facts and circumstances in the instant case, the action requested herein is hereby accepted in part. Upon the completion of the investigation it has been determined that the heat was turned off on 5/24/16 which is later than usual due to the cold night weather. Medical does not control when the heat is turned on and off. Specific conditions by the state determines this and is enforced by security. Furthermore, the Grievant was diagnosed with Steven Johnson Syndrome after taking Tegretol in December of 2015. The grievant was seen by Dermatology on 3/1/16 with the Steven Johnson Syndrome being resolved. The grievant continued to have Residual Puritis or itching and was provided with medication at this time. The grievant has complained of dry skin and noted that the lotion had helped. The grievant has been using Eucerin lotion and Kenalog ointment for his dry skin. Noting on 6/3/16 that the grievant noted the lotion helps with his "itching skin". The grievant had been seen by the medical provider 4/28/16. At this time he asked to have his pain medications changed. The grievant was taken off of Relafen and started on Indocin 25mg three times a day for pain. He continues to use Flexeril at bed time. There has been no documentation that the medication is not helping the grievant manage his pain and the grievant has been refilling his medication. On 4/28/16 during call outs it was noted that the grievant's nasal mucosa was red and swollen. This suggested allergies. The grievant drafted in on 9/25/16 on no allergy medication at that time. On 4/28/16 the grievant was started on Claritin 10mg daily. The grievant has a history of dairy intolerance so prescribing Lactase to be taken with dairy products would be an appropriate action. It is also noted that the grievant arrived at Southport CF prescribed with Lactase. The grievant is encouraged to continue to use sick call to address his medical issues and concerns.

**SENT**

JUN 17 2016

**SOUTHPORT GRIEVANCE****APPEAL STATEMENT**

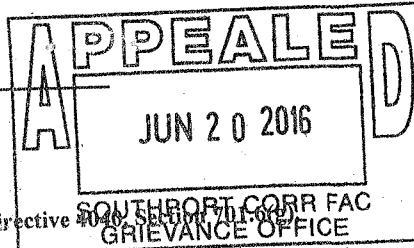
If you wish to refer the above decision of the Superintendent, please sign below and return to the Inmate Grievance Clerk. You have seven (7) calendar days from receipt of this notice to file your appeal.\* Please state why you are appealing this decision to C.O.R.C.

*Latee Robinson*

Grievant's Signature

*Antoni Nunta*

Grievance Clerk's Signature



6-17-16

Date

6-20-16

Date

\*An exception to the time limit may be requested under Directive #40, Section VII.C.9

Xristinely

## Inmate Grievance complaint Southport Correctional Facility

Inmate Latee Robinson #06A1498, C-10-12 cell date 6-28-16 Description For problem Failure to explain to grievant condition injuries damage ~~cause~~ to side effect ~~psychiat~~ psychiatric medication Name tegretol by medical register nurses, medical physician assistants, and medical doctors here Southport C.F., and by medical register nurses, medical doctors and medical specialist at Arnot Ogden Medical Center 600 Roe Ave Elmira, NY 14905, and by medical register nurses, medical doctors and medical specialist at SUNY Upstate Medical University Hospital 750 East Adams Street Syracuse, NY 13210. While the grievant in the custody Southport C.F.

Latee Robinson #06A1498

Action requested by Inmate Latee Robinson #06A1498 the grievant wants the names, titles, dates, to discovery psychiatric medication Name tegretol the cause to side effect injuries and damages condition to the grievant to continue to suffer in the past, present, and future by medical treatment team here Southport Correctional Facility medical <sup>department</sup> ~~department~~ P.O. <sup>Box 2000</sup> ~~Box 2000~~ Pine City, NY 14871, and by medical treatment team at Arnot Ogden Medical Center 600 Roe Ave Elmira, NY 14905, and by medical treatment team at SUNY Upstate Medical University Hospital 750 East Adams Street Syracuse, NY 13210 each individual or officials to be interviewed and investigated



**SOUTHPORT CORRECTIONAL FACILITY  
INMATE GRIEVANCE OFFICE  
Ms. S. King  
Ms. H. Martin  
IGP SUPERVISORS**

TO: Robinson, Latee 06A1498 C-10-12

FROM: Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

DATE: June 29, 2016

RE: Late Grievance

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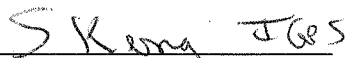
Mr. Robinson;

Your complaint is being returned to you for the following reason(s):

Per Dir. 4040, grievance must be filed within 21 calendar days of the alleged incident. It has been determined that the issues in your complaint are past the allotted time frames. As such, your grievance will not be processed and is being returned to you.

Additionally, grievant is reminded that filing multiple grievance complaints concerning the same issue(s) is not "Good Faith" utilization of the Inmate Grievance Resolution Committee. Records indicate this topic has been addressed in several previously filed complaints.

The IGP Supervisor may grant an exception to the time limit for filing a grievance based on mitigating circumstances (e.g., timely attempts to resolve a complaint informally by the inmate, etc.). **An exception to the time limit may not be granted more than 45 days after an alleged occurrence.**

  
\_\_\_\_\_  
Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

Cc:/ File  
W/P - IGRC MEMO'S

**SOUTHPORT CORRECTIONAL FACILITY  
INMATE GRIEVANCE OFFICE**

**Ms. S. King  
Ms. H. Martin  
IGP SUPERVISORS**

TO: Robinson, Latee DIN# 06A1498 C-10-12

FROM: Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

DATE: May 2, 2016

RE: DISMISSAL OF SPT-62218-16:


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Mr. Robinson;

A review of SPT-62218-16 shows that it was properly dismissed and closed in accordance with Dir. 4040, 701.5 Procedures, Section 4, sub-section (a). The grievant has made no effort to resolve the complaint through existing channels.

Grievant is advised that he should have addressed this matter with the Area Supervisor before he filed a grievance on this matter.

SPT-62218-16 is deemed dismissed and closed.

  
Ms. S. King, IGP Supervisor  
Ms. H. Martin, IGP Supervisor

Cc:/ File  
w/p - IGRC MEMO'S



**Corrections and  
Community Supervision**

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

To: Robinson, Latee 06A1498 C-10-12

From: H. Martin, IGPS *H*

Subject: Dismissal Review- SPT-61962-16

Date: March 28, 2016

Upon review, I have determined that your grievance was properly dismissed and closed by the IGRC in accordance with Directive #4040, Part 701.5.

You have not provided me with any information and/or documentation that would necessitate the reinstatement of your grievance. As such, your request to have your grievance reopened and returned to the IGRC for response is denied.



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### Southport Correctional Facility Medical Department HIPAA

To: Robinson, Latee    Din: 06A1498    Location: C-10-12

From: M. Gould, RN II

We received your letter dated 4/4/2016 requesting medication information and dates related to Dr. Gonzalez. You need to request this information through Mental Health.

M. Gould, RN II    4/6/2016





## Corrections and Community Supervision

C-10-12

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### Southport Correctional Facility Medical Department HIPAA

To: ROBINSON LATEE Din: 06A1498 Location: ~~B-11-20~~

From: M. DeLauro RN II

We received your letter dated 5/9/2016 requesting **copies** of your sick call slips. Your request will be processed in a timely manner.

I received your foil request for sick call slips from Oct 2015 to Dec 2015.

Question: Are you seeking from Oct 1<sup>st</sup> 2015 to Dec 1<sup>st</sup> 2015? Please clarify exact dates in a response letter to the Nurse Administrator / Infirmary.

M. DeLauro RN II 5/11/2016



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### Southport Correctional Facility Medical Department

To: ROBINSON, LATEE    Din: 06A1498    Location: C-10-12

From: M. DeLauro RN II

We received your letter dated 5/15/2016 requesting ***a viewing*** of your ***medical sick call slips***.

**About this FOIL event:**

- Sick call slips are not part of the medical record, therefore this is a FOIL event.
- Sick call slips are kept in storage and the process of sorting / compiling the sick call slips is anticipated to be time consuming.
- We will call you out to view as soon as possible. We expect delays in this process.

**Your name has been added to the call out list.**

**M. DeLauro RN II    5/18/2016**



# Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

To: ROBINSON, L

06A1498

C-10-12

From: F.O.I.L. OFFICE

Re: Freedom of Information Law (F.O.I.L.) Request - 16-04-258

Date: 04-26-16

✓ This is to acknowledge our receipt of your Freedom of Information Law request for records.

✓ The collection, review and processing of documents can be time consuming and generally takes up to 20 business days to complete. Additional time may be required, in which case you will be notified.

## Your Freedom of Information Law (F.O.I.L.) request has been handled in the following manner:

- ☒ Your request for LOG BOOK ENTRY COPIES has been forwarded to CAPTAINS OFFICE/B BLOCK SERGEANT for processing.
- ☐ The documents you requested do not exist at this facility.
- ☐ The documents were redacted (\*) in accordance with Directive #2010/POL, §87 (2) ( ). See below.
- ☐ Please forward an authorized, completed disbursement marked IRC/FOIL for \$ to the Inmate Accounts Office.
- ☐ (No Advance forms.) Upon confirmation of payment the copies will be forwarded to you. [POL §87 (1) (b) (iii)]
- ☐ Your disbursement was received for your FOIL request. Upon confirmation of payment from Inmate Accounts, the copy will be forwarded to you. [POL §87 (1) (b) (iii)]
- ☐ The have been forwarded to your Offender Rehab Coordinator for your review and return.
- ☐ Enclosed:

## Your request has been denied/denied in part/redacted\* for the following reasons:

- ☐ Specifically exempted from disclosure by State or Federal statute. [POL § 87 (2) (a)]
- ☐ Would constitute an unwarranted invasion of personal privacy. [POL §87 (2) (b)]
- ☐ Are compiled for law enforcement and if disclosed would (i) interfere with an investigation/judicial proceeding; or (iii) identify a confidential source or disclose confidential information; or (iv) reveal non-routine investigative techniques or procedures. [POL §87 (2) (e)]
- ☐ Could endanger the life or safety of any person. [POL §87 (2) (f)]
- ☐ Inter-agency or intra-agency materials which are not [POL § 87 (2) (i) statistical or factual tabulations or data or (iii) final agency policy or determinations. [POL §87 (2) (g)]

## Other:

- ☐ It is a question that requires the preparation of an answer not the production of a record. [POL §86 (4)]
- ☐ Record could not be located as described, be specific. [POL §89 (3) (a)]
- ☒ Mental Health records are controlled by Mental Hygiene Law. You must request them directly from OMH.
- ☐ Rap sheet: Request must be sent directly to NYS Division of Criminal Justice Services.
- ☐ Presentence/Probation Report ("PSR"): Pursuant to CPL §390.50 (1), request must be sent directly to the sentencing court or Probation Department that prepared your PSR.
- ☒ You may write to the Medical Department directly to request medical records.

Reference Directive #2010, FOIL/Access to Departmental Records, which references Public Officers Law ("POL") Sections 86-89

You may appeal this decision by writing to the following address:

Office of Counsel, NYSDOCCS, The Harriman State Office Campus, 1220 Washington Avenue, Albany, NY 12226

cc: file



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

To: ROBINSON, L

06A1498

C-10-12

From: F.O.I.L. OFFICE

Re: Freedom of Information Law (F.O.I.L.) Request - 16-04-286

Date: 05-04-16

✓ This is to acknowledge our receipt of your Freedom of Information Law request for records.

✓ The collection, review and processing of documents can be time consuming and generally takes up to 20 business days to complete. Additional time may be required, in which case you will be notified.

### Your Freedom of Information Law (F.O.I.L.) request has been handled in the following manner:

— Your request for has been forwarded to for processing.

— The documents you requested do not exist at this facility.

— X The documents were redacted (\*) in accordance with Directive #2010/POL, §87 (2) (f ). See below.

— X Please forward an authorized, completed disbursement marked IRC/FOIL for \$0.50 to the Inmate Accounts Office.  
(No Advance forms.) Upon confirmation of payment the copies will be forwarded to you. [POL §87 (1) (b) (iii)]  
(FOR COPY OF GRIEVANCE AND SUPP. RESPONSE)

— Your disbursement was received for your FOIL request. Upon confirmation of payment from Inmate Accounts, the copy will be forwarded to you. [POL §87 (1) (b) (iii)]

— The have been forwarded to your Offender Rehab Coordinator for your review and return.

— Enclosed:

### Your request has been denied/denied in part/redacted\* for the following reasons:

— Specifically exempted from disclosure by State or Federal statute. [POL § 87 (2) (a)]

— Would constitute an unwarranted invasion of personal privacy. [POL §87 (2) (b)]

— Are compiled for law enforcement and if disclosed would (i) interfere with an investigation/judicial proceeding; or (iii) identify a confidential source or disclose confidential information; or (iv) reveal non-routine investigative techniques or procedures. [POL §87 (2) (e)]

— X Could endanger the life or safety of any person. [POL §87 (2) (f)]

— Inter-agency or intra-agency materials which are not (1) statistical or factual tabulations or data or (3) final agency policy or determinations. [POL §87 (2) (g)]

### Other:

— It is a question that requires the preparation of an answer not the production of a record. [POL §86 (4)]  
— Record could not be located as described. be specific. [POL §89 (3) (a)]





## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

To: ROBINSON, L

06A1498

C-10-12

From: F.O.I.L. OFFICE

Re: Freedom of Information Law (F.O.I.L.) Request - 16-04-286

Date: 05-09-16

✓ This is to acknowledge our receipt of your Freedom of Information Law request for records.

✓ The collection, review and processing of documents can be time consuming and generally takes up to 20 business days to complete. Additional time may be required, in which case you will be notified.

### Your Freedom of Information Law (F.O.I.L.) request has been handled in the following manner:

Your request for has been forwarded to for processing.

The documents you requested do not exist at this facility.

The documents were redacted (\*) in accordance with Directive #2010/POL, §87 (2) ( ). See below.

Please forward an authorized, completed disbursement marked IRC/FOIL for \$ to the Inmate Accounts Office. (No Advance forms.) Upon confirmation of payment the copies will be forwarded to you. [POL §87 (1) (b) (iii)]

Your disbursement was received for your FOIL request. Upon confirmation of payment from Inmate Accounts, the copy will be forwarded to you. [POL §87 (1) (b) (iii)]

The have been forwarded to your Offender Rehab Coordinator for your review and return.

X Enclosed: 2 PAGES OF GRIEVANCE PAPERWORK

### Your request has been denied/denied in part/redacted\* for the following reasons:

Specifically exempted from disclosure by State or Federal statute. [POL § 87 (2) (a)]

Would constitute an unwarranted invasion of personal privacy. [POL §87 (2) (b)]

Are compiled for law enforcement and if disclosed would (i) interfere with an investigation/judicial proceeding; or (iii) identify a confidential source or disclose confidential information; or (iv) reveal non-routine investigative techniques or procedures. [POL §87 (2) (e)]

Could endanger the life or safety of any person. [POL §87 (2) (f)]

Inter-agency or intra-agency materials which are not (1) statistical or factual tabulations or data or (3) final agency policy or determinations. [POL §87 (2) (g)]

### Other:

It is a question that requires the preparation of an answer not the production of a record. [POL §86 (4)]

Record could not be located as described, be specific. [POL §89 (3) (a)]

Mental Health records are controlled by Mental Hygiene Law. You must request them directly from OMH.

## Central New York Psychiatric Center

Mental Health Unit at Southport Correctional Facility  
236 Bob Masia Drive, Post Office Box 2000, Pine City, NY 14871  
Phone: (607)737-0850, Ext. 1200 Fax: (607)737-0864



### Memorandum

TO: Mr. Robinson DIN: 06A1498

From L. Pfeffer

DATE: April 28, 2016

Subject: Request for Access Request of your mental Health Record

---

This letter is to inform you that our office has received your request for access to your mental health record on April 18, 2016. Your record is now being reviewed, and a determination concerning access under Mental Health Law, Section 33.16 will be made shortly. Mental Health does not release records through requests under F.O.I.L. Be advised that the copies requested after review are charged at \$0.75 per page/

To clarify your request, The VTC sessions with the Psychiatrist are not recorded and therefore can't be requested. Additionally, Mental Health can not provide you with medical information such as sick call, etc. Please write to DOCCS Medical for that information. Lastly, we can not provide you with the names of individual staff in a facility. You will have to direct that request to the following address:

Central New York Psychiatric Center  
9005 Old River Road, Marcy, NY 13403  
ATTN: FOIL Request

You will be informed of our decision within a few days.

cc: clinical record



**Central New York  
Psychiatric Center**

**ANDREW M. CUOMO**  
Governor

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner

**DEBORAH J. MCCULLOCH**  
Executive Director

April 25, 2016

Mr. Latee Robinson  
DIN# 06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, New York 14871

Dear Mr. Robinson:

Your letters dated March 21, 2016, April 10, 2016, and April 11, 2016 addressed to the Executive Director, Acting DOCCS Commissioner, and Central New York Psychiatric Center have been forwarded to the Risk Management Department for review and response.

This office has been in contact with OMH staff at Southport CF and was informed that you were recently seen for mental health evaluations and will continue to be seen per policy. Additionally, we were informed that you received information regarding your medications during this time. Please understand that medication management is addressed at the facility level by prescribers. This office encourages you to continue working with your assigned treatment team to address your personal concerns.

I hope this information is helpful.

Sincerely,

A handwritten signature in black ink, appearing to read "Meaghan Bernstein".

Meaghan Bernstein, MA  
Risk Management Specialist

CC: Unit Chief Southport CF  
File

TO: Robinson, L. 06A1498 C-10-12  
FROM: **OMH – Ms. Gilmore, LMSW-2**  
RE: Information you requested  
DATE: March 29, 2016

---

Mr. Robinson:

Enclosed is the information on your medications' side effects. Also, your psychiatrist is Dr. Jose Gonzalez; your medications are Trazodone 300mg po P.M. and Remeron 45mg po P.M.

Your Remeron appears to have started on December 14, 2015 and your Trazodone appears to have started on 02/29/2016.

Thank you.



Drug summary - MICROMEDEX®

Page 1 of 1

Carbamazepine - Tegretol

DrugPoint® Summary

First prescribed on 10/9/15  
then on 12/14/15 2x a day  
200mg in the AM  
400mg in the PM

## MEDICATION SAFETY

### Adverse Effects

#### Common

- **Cardiovascular:** Hypotension
- **Dermatologic:** Pruritus (8% ), Rash (7% )
- **Gastrointestinal:** Constipation (10% ), Nausea (29% ), Vomiting (18% ), Xerostomia (8% )
- **Neurologic:** Asthenia (8% ), Ataxia (15% ), Dizziness (44% ), Somnolence
- **Ophthalmic:** Blurred vision (6% ), Nystagmus

#### Serious

- **Cardiovascular:** Atrioventricular block, Cardiac dysrhythmia, Congestive heart failure, Eosinophilic myocarditis, Hypersensitivity, Syncope
- **Dermatologic:** Stevens-Johnson syndrome, Toxic epidermal necrolysis
- **Endocrine metabolic:** Hypocalcemia, Hyponatremia (4% to 21.7% ), Water intoxication syndrome
- **Gastrointestinal:** Pancreatitis
- **Hematologic:** Agranulocytosis, Aplastic anemia, Bone marrow depression, Eosinophilia, Leukopenia, Pancytopenia, Thrombocytopenia
- **Hepatic:** Hepatitis, Hepatotoxicity, Liver failure, Vanishing bile duct syndrome
- **Immunologic:** Drug hypersensitivity syndrome
- **Neurologic:** Acute intermittent porphyria
- **Renal:** Azotemia, Renal failure
- **Respiratory:** Pulmonary hypersensitivity
- **Other:** Angioedema

Last Modified: March 08, 2016

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356 MED CNYPC (7/14)

<b>PSYCHIATRIC PROGRESS NOTE</b>		Patient's Name: (Last, First, M.I.) Robinson, Latee Date of Birth: 04 - 23 - 1978 Unit/ Ward: Southport correctional facility Facility Name: CENTRAL NEW YORK PSYCHIATRIC CENTER	
		C#: 192008 DIN#: 06A 1498	
<b>Instructions:</b>		Completed when indicated by the prescriber. Enter date and time of service. Document program ( ie RCTP, ICP etc.) if in outpatient service.	
<b>Date &amp; Time</b>  10 - 19 - 2015 VTC	<b>Program</b>  SHU	<b>MED15 DIAGNOSES:</b> <b>Mental Health: IED, ASPD</b>  <b>Physical Health: lactose intolerant</b>  <b>CHIEF COMPLAINT AND CURRENT ISSUES:</b> (Include complaints, preoccupations, worries, issues, etc.)  "I got 8 years of Shu time for threatening and assault. I get angry a lot. These medications are not helping me at all." The patient is currently on BuSpar, Zyprexa, Remeron and trazodone for his anger issues. The patient feels these medications of not been effective for his anger issues. The patient feels that the Remeron and trazodone have been mildly helpful for his depression and sleep. We did discuss treatment options and plans. We talked about the pros and cons of treatment and the possible side effects of medications. The patient denies any history of any psychiatric hospitalizations. The patient states a history of 8 suicide attempts. The patient denies any history of outpatient mental health treatment. The patient states a history of 4 arrests.  <b>CHANGES IN MEDICAL STATUS:</b> (lab work, etc.)  NKDA. The patient states he is lactose intolerant.  <b>MENTAL STATUS EXAMINATION AND CHANGES:</b> (Include stable/not stable, response or lack of response to treatment, improving (or not); decompensating)  The patient is alert, active, verbal and cooperative. The patient denies any auditory or visual hallucinations. The patient does not exhibit any delusions. The patient denies any suicidal or homicidal ideation, intent or plan. The patient does not exhibit any symptoms of mania. The patient denies any symptoms of anxiety or of panic. The patient denies any symptoms of depression. The patient complains of chronic anger/rage episodes.  <b>ASSESSMENT OF SUICIDE RISK:</b> (Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none, are present)  No acute warning signs of suicide.  <b>ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN:</b> (Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented here, below in the Medication section or in the Physician Orders):  The patient complains of chronic anger/rage episodes which will be treated with Tegretol. The patient feels that the Remeron and trazodone have been mildly effective for his depressive symptoms and we will continue it at these doses. We will continue supportive therapy to help treat his anger/rage episodes. We will continue to teach him new coping strategies. We will observe for any behavioral changes.	

## PSYCHIATRIC PROGRESS NOTE

Patient's Name (Last, First, M.I.) Robinson, Latee	DIN#06A 1498	C#192008
( Continuation )		

**MEDICATIONS:**

**List of all current psychiatric and medical medications:** *(Include all current medications from transferring unit/facility including medical meds at the first visit after transfer. For subsequent notes, list all psychiatric meds and any changes to medical meds made since admission to this unit). Include dose and frequency for each psychiatric medication listed.*

**Psychiatric Medications:**

1. Stop BuSpar, Zyprexa and Remeron
2. Continue trazodone 300 mg PO in PM until 01 – 17 – 2016
3. Start Remeron 45 mg PO in PM until 01 – 17 – 2016
4. start Tegretol 20 mg PO b.i.d. until 01 – 17 – 2016 (Tegretol blood levels ordered)

**Medical Medications:**

1. Prilosec, lactase, Norvasc, Lipitor, Vasotec, hydrochlorothiazide

- 2.
  - 3.
  - 4.
- THIS INFORMATION IS BEING RELEASED  
UNDER THE PROVISIONS OF NEW YORK  
STATE MENTAL HYGIENE LAW, SECTION  
33.16. CENTRAL NEW YORK PSYCHIATRIC  
CENTER ACCEPTS NO RESPONSIBILITY  
IF THE INFORMATION IS REDISCLOSED  
TO THE OTHER PERSONS OR AGENCIES

**MEDICATION EDUCATION PROVIDED:** *(check when provided):* \_\_\_\_X\_\_\_\_

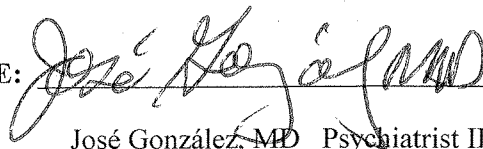
**ADDITIONAL INFORMATION:**

Based on new information all previous diagnoses will be deleted. The new diagnoses are intermittent explosive disorder and ASPD.

**FOLLOW UP** *(Indicate next appointment):*


4 to 6 weeks and PRN

**SIGNATURE/TITLE:**

  
José González, MD Psychiatrist II

10 – 19 – 2015 VTC

356 MED CNYPC (7/14)

<b>PSYCHIATRIC PROGRESS NOTE</b>		Patient's Name: <i>(Last, First, M.I.)</i> Robinson, Latee	C#: 192008
		Date of Birth: 04 - 23 - 1978	DIN#: 06A 1498
		Unit/ Ward: Southport correctional facility	
		Facility Name: CENTRAL NEW YORK PSYCHIATRIC CENTER	
<b>Instructions:</b>		Completed when indicated by the prescriber. Enter date and time of service. Document program ( ie RCTP, ICP etc.) if in outpatient service.	
<b>Date &amp; Time</b>  12 - 07 - 2015 VTC	<b>Program</b>  SHU	<b>MED15 DIAGNOSES:</b> <b>Mental Health: IED, ASPD</b>  <b>Physical Health: lactose intolerant</b>  <b>CHIEF COMPLAINT AND CURRENT ISSUES:</b> <i>(Include complaints, preoccupations, worries, issues, etc.)</i>  <p>The patient was a no-show for his psychiatric appointment due to DOCCS security issues. We will reschedule another psychiatric appointment as soon as possible. The patient is currently on trazodone 300 mg PO in PM, Remeron 45 mg PO in PM and Tegretol 200 mg PO b.i.d. until 01 - 17 - 2016.</p>   <b>CHANGES IN MEDICAL STATUS:</b> <i>(lab work, etc.)</i>  <b>MENTAL STATUS EXAMINATION AND CHANGES:</b> <i>(Include stable/not stable, response or lack of response to treatment, improving (or not); decompensating)</i>  <b>ASSESSMENT OF SUICIDE RISK:</b> <i>(Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none are present)</i>  <b>ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN:</b> <i>(Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented here, below in the Medication section or in the Physician Orders):</i>  <b>MEDICATIONS:</b> <b>List of all current psychiatric and medical medications:</b> <i>(Include all current medications from transferring unit/facility including medical meds at the first visit after transfer. For subsequent notes, list all psychiatric meds and any <u>changes</u> to medical meds made since admission to this unit). Include dose and frequency for each psychiatric medication listed.</i>  <div style="display: flex; justify-content: space-between;"> <div> <b>Psychiatric Medications:</b>  1. 2. 3. 4. </div> <div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> THIS INFORMATION IS BEING RELEASED  UNDER THE PROVISIONS OF NEW YORK  STATE MENTAL HYGIENE LAW, SECTION  33.16. CENTRAL NEW YORK PSYCHIATRIC  CENTER ACCEPTS NO RESPONSIBILITY  IF THE INFORMATION IS REDISCLOSED  TO THE OTHER PERSONS OR AGENCIES. </div> </div>	



## PSYCHIATRIC PROGRESS NOTE

Patient's Name (Last, First, M.I.)	DIN#	C#
( Continuation)		

**Medical Medications:**

- 1.
- 2.
- 3.
- 4.

THIS INFORMATION IS BEING RELEASED  
UNDER THE PROVISIONS OF NEW YORK  
STATE MENTAL HYGIENE LAW, SECTION  
33.16. CENTRAL NEW YORK PSYCHIATRIC  
CENTER ACCEPTS NO RESPONSIBILITY  
IF THE INFORMATION IS REDISCLOSED  
TO THE OTHER PERSONS OR AGENCIES.

**MEDICATION EDUCATION PROVIDED:** *(check when provided):* \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**FOLLOW UP** *(Indicate next appointment):*

**SIGNATURE/TITLE:** \_\_\_\_\_

José González, MD Psychiatrist II

356 MED CNYPC (7/14)

<b>PSYCHIATRIC PROGRESS NOTE</b>		Patient's Name: (Last, First, M.I.) Robinson, Latee		C#: 19 2008
		Date of Birth: 04 - 23 - 1978		DIN#: 06A 1498
		Unit/ Ward: Southport correctional facility		
		Facility Name: CENTRAL NEW YORK PSYCHIATRIC CENTER		
<b>Instructions:</b>		Completed when indicated by the prescriber. Enter date and time of service. Document program ( ie RCTP, ICP etc.) if in outpatient service.		
<b>Date &amp; Time</b>  12 - 14 - 2015 VTC	<b>Program</b>  SHU	<p><b>MED15 DIAGNOSES:</b></p> <p><b>Mental Health: IED, ASPD</b></p> <p><b>Physical Health: lactose intolerance</b></p> <p><b>CHIEF COMPLAINT AND CURRENT ISSUES:</b> <i>(Include complaints, preoccupations, worries, issues, etc.)</i></p> <p>"I still feel angry at times." The patient is currently on trazodone, Remeron and Tegretol. The patient feels he is still having anger/rage episodes and that the Tegretol is not fully effective. We did discuss treatment options and plans. We talked about the pros and cons of treatment and the possible side effects of medications. On 10 - 27 - 2015 the patient's Tegretol level was 7.3.</p> <p><b>CHANGES IN MEDICAL STATUS:</b> <i>(lab work, etc.)</i></p> <p>None</p> <p><b>MENTAL STATUS EXAMINATION AND CHANGES:</b> <i>(Include stable/not stable, response or lack of response to treatment, improving (or not); decompensating)</i></p> <p>The patient is alert, active, verbal and cooperative. The patient denies any auditory or visual hallucinations. The patient does not exhibit any delusions. The patient denies any suicidal or homicidal ideation, intent or plan. The patient does not exhibit any symptoms of mania. The patient denies any symptoms of anxiety or of panic. The patient denies any symptoms of depression. The patient complains of anger/rage episodes.</p> <p><b>ASSESSMENT OF SUICIDE RISK:</b> <i>(Describe suicide risk warning signs/triggers (IS PATH WARM, Prison Based or Individual) which are present or indicate none are present)</i></p> <p>No acute warning signs of suicide.</p> <p><b>ASSESSMENT/CURRENT DIAGNOSTIC IMPRESSION/PLAN:</b> <i>(Include changes to diagnoses and/or treatment options. Indication for each psychiatric medication must be documented here, below in the Medication section or in the Physician Orders):</i></p> <p>The patient feels that the trazodone and Remeron help treat his depressive symptoms and we will continue them at these current doses. The patient complains of anger/rage episodes which will be treated with an increase in the Tegretol as it is currently sub therapeutic. Tegretol blood level levels were ordered. We will continue supportive therapy to help treat his symptoms of depression and anger/rage episodes. We will continue to teach him new coping strategies. We will observe for any behavioral changes.</p>		
		<p><b>THIS INFORMATION IS BEING RELEASED UNDER THE PROVISIONS OF NEW YORK STATE MENTAL HYGIENE LAW, SECTION 33.16. CENTRAL NEW YORK PSYCHIATRIC CENTER ACCEPTS NO RESPONSIBILITY IF THE INFORMATION IS REDISCLOSED TO THE OTHER PERSONS OR AGENCIES.</b></p>		

## PSYCHIATRIC PROGRESS NOTE

Patient's Name (Last, First, M.I.) Robinson, Latee	DIN#06A 1498	C#192008
(Continuation)		

**MEDICATIONS:**

**List of all current psychiatric and medical medications:** *(Include all current medications from transferring unit/facility including medical meds at the first visit after transfer. For subsequent notes, list all psychiatric meds and any changes to medical meds made since admission to this unit). Include dose and frequency for each psychiatric medication listed.*

**Psychiatric Medications:**

1. Increase to Tegretol 400 mg PO in PM until 03 – 13 – 2016
2. Continue Remeron 45 mg PO in PM until 03 – 13 – 2016
3. Continue trazodone 300 mg PO in PM until 03 – 13 – 2016
4. Tegretol blood levels ordered

**Medical Medications:**

1. Flexeril, Lipitor, Prilosec
- 2.
- 3.
- 4.

THIS INFORMATION IS BEING RELEASED UNDER THE PROVISIONS OF NEW YORK STATE MENTAL HYGIENE LAW, SECTION 33.16. CENTRAL NEW YORK PSYCHIATRIC CENTER ACCEPTS NO RESPONSIBILITY IF THE INFORMATION IS REDISCLOSED TO THE OTHER PERSONS OR AGENCIES.

**MEDICATION EDUCATION PROVIDED:** *(check when provided):* \_\_\_\_X\_\_\_\_

**ADDITIONAL INFORMATION:**

**FOLLOW UP** *(Indicate next appointment):*  
4 to 6 weeks and PRN

**SIGNATURE/TITLE:**



12 – 14 – 2015 VTC

José González, MD Psychiatrist II



**Central New York  
Psychiatric Center**

**ANDREW M. CUOMO**  
Governor

**ANN MARIE T. SULLIVAN, M.D.**  
Commissioner

**DEBORAH J. MCCULLOCH**  
Executive Director

July 15, 2016

Mr. Latee Robinson  
DIN# 06A1498  
Southport Correctional Facility  
P.O. Box 2000  
Pine City, New York 14871

Dear Mr. Robinson:

Your letters dated May 22, 2016 and June 1, 2016 addressed to Central New York Psychiatric Center was forwarded to this department for review and response. We appreciate you sharing your concerns with us, and we have looked into your specific complaints.

Consultation with OMH staff at Southport CF revealed that your request to review your records has recently been addressed. Your treatment team informed us that you have received a copy of your chart as well as the recent notes you were requesting to see.

We believe the information above addresses your noted concerns. Any further concerns you may have can be forwarded to this department for review and response. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Meaghan Bernstein".

Meaghan Bernstein, MA  
Risk Management Specialist

CC: Unit Chief Southport CF  
File

---

**A FACILITY OF THE OFFICE OF MENTAL HEALTH**



## Superando El Momento

# Prevención de Suicidios en Las Cárceles



Preparado por el  
Centro Psiquiátrico de Central New York  
División de Servicios Forenses  
Oficina de Salud Mental  
del Estado Nueva York  
en colaboración con  
el personal y los reclusos del  
Centro Correccional de Elmira

¿Te sientes oprimido, solo, asustado o amenazado sin muchas posibilidades de mejoría? Quizás como tú, para muchas personas estos sentimientos surgen del hecho de estar encarcelados, por la muerte de algún familiar, la ruptura de una relación íntima, conflictos con otros reclusos o por un sinnúmero de otras razones.

Es importante y a veces muy difícil buscar ayuda en estos momentos. Cuando te sientas sin aliento, no necesitas oír un sermón o consejo que te desanime más. Necesitas a alguien que te escuche con el respeto que tú te mereces.

***¡Nosotros tenemos una persona con quien puedes hablar y que puede ayudarte a manejar tu crisis!***

Esta es la forma de obtener ayuda:

Haz una cita para hablar con un profesional de salud mental. Escribe la siguiente información en una hoja de citas y diríjala a Salud Mental:

Nombre:

Ubicación de la Celda:

DIN:

Fecha:

***¡Es importante que sientas que tienes a alguien que te puede dar esperanza!***

## Cómo Reconocer Una Crisis

Las personas que han experimentado una crisis pueden haber intentado ya resolver sus problemas de todas las formas que han creído posible. Pero nada parece funcionar. Ellos pueden empezar a sentirse desesperanzados e inadaptados. Esto los asusta mucho. De hecho, algunas personas pueden hacer lo imposible para escapar de esto.

Desafortunadamente, muchas personas sienten que tienen que resolver sus problemas solos. Al creer que nada de lo que han tratado vale la pena, pueden tratar hacerse daño.

Esto puede deberse a que se encuentran tan metidos en sus problemas que no ven sus alternativas. Es por esto que un compañero de confianza o un consejero adiestrado de salud mental puede ser útil.

Las personas encuentran muchas maneras de decirles a otras cuánto sufren. Estas son algunas de las cosas que usted podría oír:

- No aguanto más.
- No importará pronto.
- ¡Total, si no valgo nada!
- Mis familiares estarían mejor sin mí.

La gente puede comportarse de la siguiente manera cuando se sienten tan mal que desean intentar suicidarse:

- Descuidar su apariencia o salud.
- Siempre están irritados o muy cansados.
- Alejarse de los amigos y compañeros.
- Sentirse nerviosos, inquietos o molestos sin motivo alguno.
- Hablar sobre la muerte.
- Cortarse o quemarse a sí mismos.
- Guardar pastillas u otros medicamentos.
- Cambio en el nivel usual de actividad.
- Regalar posesiones.
- No ducharse ni ir a recreación.

Las personas que hace cualquier número de estas cosas pueden estar experimentando problemas emocionales y pueden estar pensando en suicidarse. De ser así, necesitan acceso a ayuda. Usted puede ayudarlos a conseguir esa ayuda.

## Qué Puedes Hacer Por Los Demás:

1. Mantener la calma.
2. Mostrar preocupación.
3. Escuchar con respeto.
4. No dar consejos que puedan hacerlos sentirse peor.
5. Dígle al oficial o a cualquier otro miembro del personal que un recluso necesita ver a un consejero para ayuda.

## Lo Que Puede Hacer Por Sí Mismo:

Si está experimentando una crisis o está pensando en hacerse daño a sí mismo, hable con cualquier miembro del personal inmediatamente para recibir ayuda. No espere.

***¡La peor ayuda es la que no se pide!***



*Help not asked for is no help at all!*

If you are experiencing a crisis or thinking of harming yourself, contact any member immediately for assistance. Don't w

## What You Can Do For Yourself:

1. Stay Calm.
2. Show concern.
3. Listen with respect.
4. Don't give advice that sounds like a put down.
5. Tell someone, a CO, nurse or any other staff member that an inmate needs to see a counselor for help.

## What You Can Do For Others:

People who are doing any combination of these things may be experiencing emotional problems. They may be thinking of suicide. If so, they need access to help. You can assist them in getting that help.

- Neglect of appearance or health.
- Always irritable or unusually tired.
- Drawing away from friends or associates.
- Sudden edginess or restlessness or anger.
- Talking of death or dying.
- Cutting or burning oneself.
- Collecting pills or other medications.
- Change in usual level of activity.
- Giving away possessions.
- No longer showering or going to recreation.

These are some of the behaviors of people who hurt so much they may want to attempt suicide:

- I can't take it any more.
  - It won't matter soon.
  - I'm no good anyway.
  - My family would be better off without me.
- People find many ways of telling others how much they hurt. These are some of the things you may hear:

## Clues To Suicide

It may be they are standing too close to their problem to see their choices. This is why a trusted associate or a trained mental health counselor can be helpful.

Unfortunately, many people feel that they have to solve their problems alone. Not seeing anything worthwhile from what they have already tried, they may try to hurt themselves.

People who experience a crisis may have already tried everything they can think of to solve their problem. Nothing seems to work. They may begin to feel hopeless and inadequate. This can be really scary. In fact some people may do almost anything to escape it.

## How to Recognize a Crisis

*Feeling like you have someone to talk with gives hope!*

Make an appointment to talk to a mental health clinician. Print the following information on a call slip and address it to *Mental Health*:

Name: \_\_\_\_\_  
Cell Location: \_\_\_\_\_  
DIN: \_\_\_\_\_  
Date: \_\_\_\_\_

Here is how to get that helping hand:

*We offer you someone to talk to, someone to help you cope with your crisis!*

Reaching out is very important at times like this and is often very difficult. When you feel low, you don't need a lecture or advice that feels like a put down. You need someone who can listen to you with respect.

Feeling depressed, lonely, scared, labeled/threatened without much hope for change? For many people, perhaps like yourself, these feelings may be due to incarceration, loss of a family member, the break-up of a close relationship, conflicts with other inmates or one of any number of reasons.



Developed by  
NYS Office of Mental Health  
Bureau of Forensic Services  
in collaboration with  
the Staff and Inmates of  
Elmira Correctional Facility

# Prevention for Suicide People in Prison

*Living  
Through It*

Affidavit of Service

State of New York)

County of Chemung) ss:

I Anthony Gonzalez DIN# 13A5113 Am An Sworn Witness On Behalf  
for Complainee Latee Robinson DIN# 06A1498. I Am A Witness That Psychiatrist  
Doctor Jose Gonzalez will Tell Me IF I should Receive Negative side Effect by  
Medications to Report Mental Health staff or Medical Register Nurses or any Security  
and Correctional officers when I was on the Mental Health case load. When  
I was on Psychiatric Medications and Medical Register Nurses would say it's  
the Psychiatrist Doctor Order Not to stop Taking Psychiatric Medication while I  
am in custody Here At Southport C.F. And on the Case load of Mental Health  
at Southport C.F.

Date:

Travis Micheler  
Notary Public  
State of New York  
Schuyler County No. 01MI6330465  
Commission Expires 09/14/2019



Anthony Gonzalez DIN# 13A5113

Southport C.F.

P.O. BOX 2000


Pine City, N.Y. 14871-2000

Sworn To Before Me on

This 6 Day of

July 20 16

Notary Public







Affidavit Of Service

State Of New York)

County Of Chemung)SS:

I, Terrill Jewell Din #: 10A2229, Am An Sworn Witness  
On Behalf For Complainee Latee Robinson Din #: 06A1498. I Am  
A Witness That Psychiatrist Doctor Jose Gonzalez Will Tell  
Me If I Should Receive Negative Side Effect By Medications  
To Report To Mental Health Staffs Or Medical Register Nurses  
Or Any Security And Correctional Officers When I Was On The  
Mental Health Case Load. When I Was On Psychiatric Medicat-  
ions An It Was Days I Didn't Take Psychiatric Medications And  
Medical Register Nurses Would Say It's The Psychiatrist Doctor  
Order Not To Stop Taking Psychiatric Medications While I Am  
In Custody Here At Southport C.F. And On The Case Load Of  
Mental Health At Southport C.F.

Date: [REDACTED] June 28, 2016

Travis Micheler  
Notary Public  
State of New York  
Schuyler County No. 01M6330465  
Commission Expires 09/14/2019

Terrill Jewell  
Terrill Jewell Din #: 10A2229  
Southport C.F.  
P.O. Box 2000  
Pine City, N.Y. 14871-2000

Sworn To Before Me On

This 28<sup>th</sup> Day Of

June 2016

[Signature]  
Notary Public



Affidavit of Service

State of New York)  
County of Chemung) ss.:


I am an Sworn Witness Daquan Hynes 15A0208  
For behalf of Complainee Latee Robinson 06A1498.  
I, Daquan Hynes 15A0208 an Inmate on the case load  
Office of Mental Health here at SouthPort C.F.  
When I Want to Commit Suicide, I report  
to Correctional Officers, and they would  
annoy me, not taking me seriously, so I  
Wrote a Correspondence letter Complaint to the  
Office Mental Health SouthPort C.F. against  
Correctional Officers.

~~[Redacted Signature]~~

Daquan Hynes  
15A0208  
Daquan Hynes 15A0208

Notary Public

Travis Michele  
Notary Public  
State of New York  
Schuyler County No. 01M1633046  
Commission Expires 03/14/2018

6/28/16  






## AFFIDAVIT OF SERVICE

I, Siol Gonzalez make this statement and notary to support prisoner Latee Robinson #06A1498 complained from October 2015 to December 14-2015 when we was house at B-block I witness Siol Gonzalez house B-11-16 cell hear Latee Robinson house B-11-20 cell complained suffering Pains sores in mouth on lips, on tongue, on genital, rash all over body, itchingness all over body, feeling Pains in hand, back, neck, migraine, off/on suicidal thoughts. Feeling, unable to drink, unable to see clearly, unable to write, unable to eat and starving everyday every night to B-block 11-gallery correctional officers, medical register nurses, and sergeant & staffs employed to denied Latee Robinson to receive medical care service and mental health service here SouthPort C.F. and I witness Siol Gonzalez was house C-10-13 cell next door to Latee Robinson from January 2016 to April 2016 about everyday complaining to suffer pain with his back, hands, neck, itchingness all over body and lost of taste and smell to the medical register nurses here SouthPort C.F.

sworn to before me this

4 day of May 2016

Robert 7 

Notary Public

Name   
signature

Name Siol Gonzalez

Dio# 06A2359

SouthPort Corr. Facility



UNITED STATES DISTRICT COURT WESTERN DISTRICT  
OF NEW YORK  
PRISONER AUTHORIZATION

Latee Robinson plaintiff v. Correctional Officers John Doe  
- Jane Doe et al, <sup>Defendants</sup> Civil case No. 1:16-cv-3516-FPG  
deadline date 7-27-16 I am requesting to reopen my civil  
case no. above, because delay not my fault because of Defendants  
Notice is hereby Given that this action will be dismissed unless  
Plaintiff completes and returns this Authorization form  
to this court within Forty-Five (45) Days From the Date of  
this Notice dated 6-27-16. The Prison Litigation Reform Act I am  
required to pay the Full Filing Fee <sup>\$350.00</sup> ~~when~~ and \$50.00 dollars  
administration Fee when bring a civil action. The court must assess  
and collect payment until the entire Filing Fees has been paid no  
matter what the outcome of the action.

I, Latee Robinson, Latee Robinson request and authorize the agency  
holding me in custody to send to the clerk of the United States district  
court for the western district of New York, a certified copy of my prison  
account statement for the past six months and to calculate the  
amounts specified by 28 U.S.C. 1915(b) to debit those amounts from  
prison trust fund account or institutional equivalent to disburse  
those amount to the U.S. district court western district of New York, This  
authorization shall apply to any agency into whose custody I may be  
transferred.

7-24-16

NYSD No. 7758674-H

Latee Robinson #06A1498

Latee Robinson Southport

Correctional Facility P.O. Box

2000 Pine City, NY 14871





United States District Court Western  
District of New York

Latee. Robinson, #06A1498, plaintiff, pro-se

Correctional<sup>V</sup> Officers John Doe - Jane Doe,  
Sergeants John Doe, Sergeant Edward,  
Superintendent Micheal Sheahan, Inmate Grievance  
Program Supervisors, H. Martin, S. King, Medical Doctor  
Wesley Canfield, medical physician assistant Ben Oakes,  
medical physician assistant John Doe, medical register  
nurses Jane Doe - John Doe, acting commissioner Anthony  
J. Annucci, psychiatrist Doctor Jose Gonzalez, Unit  
Chief Dolly, clinician LMSW-2 Jane Doe, dermatologist  
Jane Doe - John Doe, medical doctors John Doe each is  
sued in his/her persons, individuals, officials,  
capacities Defendants

AMENDED  
Summons in a civil action

Civil case No. 16-cv-3516-FPG

1. John Doe - Jane Doe Correctional Officers, Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
2. John Doe Sergeants, Southport Correctional Facility  
P.O. Box 2000 Pine City, NY 14871
3. Edward Sergeant, Southport Correctional Facility P.O.  
Box 2000 Pine City, NY 14871
4. Micheal Sheahan, Superintendent Southport Correctional  
Facility P.O. Box 2000 Pine City, NY 14871
5. H. Martin, Inmate Grievance Program Supervisor, Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
6. S. King, Inmate Grievance Program Supervisor Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
7. Wesley Canfield Medical Doctor Medical Dept. Southport  
Correctional Facility P.O. Box 2000 Pine City, NY 14871
8. Ben Oakes medical physician assistant, medical dept  
Southport Correctional Facility P.O. Box 2000 Pine City



9. John Doe medical physician assistant medical dept  
Southport Correctional Facility P.O. Box 2000 Pine City,  
NY 14871
10. Jane Doe - John Doe medical register nurses medical dept  
Southport Correctional Facility P.O. Box 2000 Pine  
City, NY 14871
11. Anthony J. Annucci, acting commissioner New York  
States Department of Corrections and Community  
Supervision The Harriman State Office Campus Building  
1220 Washington Ave, Albany, NY 12226
12. Jose Gonzalez psychiatrist Doctor center New York  
psychiatric center P.O. Box 300 Marcy, NY 11303
13. Dolly unit chief, central New York Psychiatric center  
mental health unit Southport Correctional Facility 236  
Bob Masia Drive P.O. Box 2000 Pine City, NY 14871
14. Jane Doe clinician LMSW-2, central New York Psychiatric  
Center mental health unit Southport Correctional Facility  
236 Bob Masia Drive P.O. Box 2000 Pine City, NY 14871
15. Jane Doe dermatologist, SUNY upstate medical university  
hospital 750 East Adams Street Syracuse, NY 13210
16. John Doe dermatologist, Walsh RMC Mohawk Correctional  
Facility 6514 Route 26, Rome, NY 13440.
17. John Doe medical doctors arnot Ogden medical center  
600 Rod Ave Elmira, NY 14905
18. John Doe medical doctors SUNY upstate medical university  
hospital 750 East Adams Street Syracuse, NY 13210
19. Supreme Court Bronx County
20. New York County Supreme

You are hereby summoned and required to serve on pro-se  
Plaintiff Latée Robinson #06A1498 Southport Correctional  
Facility P.O. Box 2000 Pine City, NY 14871



AN answer to the complaint which is served on each of you with this Amended civil summons no. 16-cv-3516-FPG within 20 days after service of this Amended civil summons on each of you, exclusive of the day of service, If you fail to do so, Judgment by default will be taken against each of you for the relief demanded in my complaint. any answer that I serve on the parties to this action must be Filed with the clerk of this court western district within a reasonable period of time after service

clerk of court

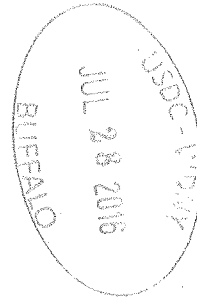
Date

Deputy clerk





Latée, Robinson #26A/1498  
Southport Correctional Facility  
P.O. Box 2000 Pine City, NY 14871



Clerk of Office  
United States District Court  
Western District of New York  
Niagara Square Buffalo, NY  
14202

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL™**

107



Correctional Facility

SOUTHPORT

NEOPOST

07/27/2016

POSTAGE \$012.45



ZIP 14871

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